PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting th

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) 10:662 7590 (64/09/2012 Murphy, Bilak & Homiller, PLLC 8000 Regency Parkway, Suite 415 Cary, NC 27518				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)			
						(8)дижике)	
						(Data)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	PRNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION; UP		TER INPUT EVENT TI	RANSLATOR			.5026	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$870	\$300	\$0	\$1170	07/09/2012	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KEATON, SHERROD L 1. Change of correspondence address or indication		2142	715-76-1000				
Change of corresponde Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless; recordation as set forth in (A) NAME OF ASSIGNE	on (or "Fee Address") more recent) attached RESIDENCE DATA' in assigner is identifi 37 CFR 3.11. Comple	ndication form. Use of a Customer TO BE PRINTED ON a d below, no assignee tion of this form is NO	2 registered patent attoilisted, no name will be THE PATENT (print or typ data will appear on the part a substitute for filling an (B) RESIDENCE: (CITY	e firm (having as a memb gent) and the names of u neys or agents. If no nan printed. e) tent. If an assignee is it assignment, and STATE OR COUNT	tentified below, the do		
-la. The following fee(s) are submitted: Issue Fee Issue Fee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-5650 (enclose an extra copy of this form).				
a. Applicant claims SM	ALL ENTITY status.	See 37 CFR 1.27.	b. Applicant is no long	er claiming SMALL ENT	TTY status, See 37 CFI	R 1.27(e)(2).	
NOTE: The Issue Fee and Put interest as shown by the recon	dication Fee (if required states	ed) will not be accepted Patent and Trademark	from anymous athentificately	e applicant; a registered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature AHH			Date April 17, 2012				
Typed or printed name Michael D. Murphy			Registration No. 44,958				
This collection of information an application. Confidentiality submitting the completed app this form and/or suggestions f Box 1450, Alexandria, Virgin Alexandria, Virginia 22313-14 Under the Paperwork Reduction							